State of South Dakota

Candidates and candidate committees: File in the office where you filed your nominating petition.

Candidate's or Committee's Report of Receipts and Expenditures CE/VED JAN 0 3 2005

| PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office. SEC. OF STATE |
|---|
| *************************************** |
| See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. |
| Name of Candidate or Committee (had hied+Ke |
| Complete Mailing Address 45823 2221 St. Nunda Sch 57050 |
| Name of Person Making Report Charles Daytime Phone Number 60056-427 |
| If you are a candidate, what office are you seeking? State Senate VistRict 8 |
| If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. |
| Type of Report (See pages 4 & 5 of Guideline Book) Post General Election |
| For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 123104 |
| •••••••••••••••••••••••• |
| The following verification must be completed before submitting report. |
| VERIFICATION OF PERSON MAKING REPORT I |
| Date: 29 Occ Candidate Signature or Signature of Committee Treasurer or Chairperson |
| Revised July 2001 |

Name of Candidate or Committee had biedtke

For the reporting period ending

Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

| | | | ر ہے ۔ رب |
|---------------------------------|--|---|--------------|
| Unitemized Contributions from I | Individuals: | | *\$ 695°° |
| Itemized Contributions from Ind | ividuals | | |
| | | Place of Employment | • |
| Name | Residence Address | (Name of Employer) | 1100 |
| Unna Michael | 2805 W.3153 | 3400 | s <u>400</u> |
| | Soux Fells S.D 57105 | Electenic Sistems Inc. | \$ |
| 7)00 Cale | 2709 5. Air Depst Blue | Resour Netional Insla | 3000 |
| DOK COL | 60mm OK 23013 | Resource I volume a lasto. | \$ |
| | | | \$ |
| Roger Cole | Idonus Ga O Blow | 1.1. | \$ 25000 |
| | OKlehoma City OK. 13/18 | Reserve Watring Ins. | \$ |
| Depell Coltin | 10809 De more Pl. | Resour Wahmel Esco | \$ 25000 |
| | Raleigh, N.C. 27614 | 14.54.27. | \$ |
| | <u> </u> | | \$ |
| MR Diek tarmer | 6383 Spen Beack 10 | Kesewa Wathand Jas C | \$ 35000 |
| | Rock God , 11 1.1114 | | |
| Bead Minor | 22735 466 Aue | Self Employed | \$ 2500 |
| | Rutland S. U 57057 | | \$ |
| Tarri Minor | 100725 111 11 11 | 616 6 1 6 | \$ 907300 |
| ICHEN TITINOIC | 22735 466 fue Rutlan 05,05757 | Delt Emplyers | \$ 250 |
| | 1001100 | | \$ |
| Clarg Dones | 14702 wolves Hampton Wa. | Self Employans | \$ 2420 |
| | Missouri City TX | | \$ |
| Flore Dones | 1900 5. Theenan | Retired | \$ \$ 100 == |
| Tibyra Contes | 5100x Fells 1506715 | 111111111111111111111111111111111111111 | \$ |
| | | | \$ |
| Kim Liedtke | 4001 N. Longuewith | Emmanuel Bootist Chuce | h \$ 100° |
| 5 mil 1 | Sian Falls 3,1/57107 | 0.5.0 | \$ |
| Desay Michael | 2805 U. 3157 Soux Fells 5. P. 57105 | Refried | \$ 10000 |
| Dona Sunda | 45764 23/54 | Self Employeel | \$ 1000 |
| | Madison S. D.S. | | \$ |
| Total of Itemized Contributions | from Individuals: | | *\$ 2,542 |
| | | | |

| Name of Candidate or Committee: | hal 7 healthe | • • |
|--|---|---|
| For the reporting period ending: | 2-31-04 | *** |
| Schedu | le B - Fund-Raising Events Proceeds to raise money for the candidate and the net proceeds derived | from each event. If a |
| contributor gives more than \$100 or their contributions must be itemized on Schedule A | tribution results in their aggregate being more than \$100 in the | calendar year, those |
| Type or Name of Event | | Net Proceeds |
| | | |
| | | |
| | | 12 22 |
| | | AHILO. |
| | | |
| | | |
| Total: | | 0 |
| | | |
| | edule C - In Kind Contributions | |
| Report all non-cash contributions of goods or contributor, residence address and place of em | services and the estimated fair market value. If the value exception of the reported. | eeds \$100, the name of the |
| , | | |
| Nature of Non-Cash Contribution | Name, Residence Address & Place of Employment | Estimated Value |
| Caeda | S.D. Republican Party | #211 |
| YORD SIGNS | 1 1 | 464 |
| mailing. | | 399 |
| Burper Stickers | Dan Liedtke (Self) 2812 Kipps Glory Its | 138 |
| Stickers | Lee School beck 10, Nox 1325 | 78 |
| - Onches | Water town S.D 57201 | |
| | Seif | |
| Totals | | 21.11.0 |
| Total: | | 11402 |
| | Schedule D - Other Income | |
| Use this schedule to report any refunds, intere | st earned or other income which is not a direct contribution. | |
| Source of Income | | Amount |
| | | |
| | | was a supply to the supply to |
| | | |
| A COMMISSION OF THE PROPERTY O | | |
| | | |
| | | |
| - | | |
| Total: | | A |
| TOTAL: | | |

| Name of Candidate or Committee Chal Lied He | Appendix B |
|---|--------------|
| For the reporting period ending 12-31-04 | |
| Schedule A – Direct Contributions (continued) | |
| VI V. 1. 1. Co. 1. B. Co. | *\$ |
| Unitemized Contributions from Political Parties: | ş |
| Itemized Contributions from Political Parties | |
| Party Name S.D. Republican Party Miner Co. Republicans House S.D. | \$ 1,000= |
| | |
| | \$ |
| Total of Itemized Contributions from Political Parties: | *\$ 1,050° |
| Itemized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must PAC Name Address | be itemized. |
| | \$ |
| | \$ |
| | \$ \$ |
| | \$ |
| | - \$ |
| | \$ |
| | \$ |
| | \$ \$ |
| | \$ |
| | \$ |
| | \$ |
| | - \$ |
| | \$ |
| | \$ |
| | \$ |
| | φ |

Total of Itemized Contributions from Political Action Committees:

Total of All Direct Contributions (Sum of all lines with an *)

s 4,28700

| $\Omega \subset \Omega \subset \Omega$ | Append |
|---|--------------|
| Name of Candidate or Committee: Charles The Liedthe | _ |
| For the reporting period ending: 12-31-04 | |
| Saladula E. Dahta and Obligations | |

Schedule F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

| Owed to: | Purpose: | Amount |
|--|----------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| | - | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| MARSE HATTER AND | | |
| | | |
| Total Obligations: | | & |

| Name of Candida For the reporting | nte or Committee: | Charl D. Lied 12-31-04 | Appendix I |
|-----------------------------------|--|---|------------------------------|
| expenses. All other ex | port all expenditures rel expenses should be listed penses | Schedule E – Expenditures ating to a candidate's campaign. Line items have been d. All contributions to candidates and committees respectively. | nust be listed individually. |
| Item | Amount | Contributions Made to Candidates an Name of Candidate or Committee | Amount |
| Advertising | 3,258 | Twine of Canadate of Committee | Amount |
| Consulting | | | |
| Postage | 111 | | |
| Printing | 99 | | |
| Rent | | | |
| Salaries | | | |
| Telephone | | | |

Travel Utilities

List other expense items below

Food

List other expense amounts below

| | me of Candidate or Committee: \(\frac{1}{2}\). | al 31-5 | Liel | ke | Appendix B |
|------------|---|----------------------|--------------------------------|---------------------------|---------------------------|
| Thi fro | s summary sheet will give a brief outline of all cam n the schedules previously completed. | Summ: paign finan | ary Page ce activity during | this reporting period. Pl | lease transfer all totals |
| 1. | Amount on hand, if any, at the beginning | of the rep | orting period: | | <u>\$</u> |
| 2. | Receipts | | | | |
| | Schedule A - Direct Contributions | \$ 4 6 | 787 | | |
| | Schedule B - Fund-Raising Events | <u>\$_</u> | | | |
| | Schedule C - In Kind Contributions | \$\$ | 1050 | • | |
| | Schedule D - Other Income | <u>\$_C</u> | | | |
| | Total of all Receipts | \$ 5,6 | 35 | | ov.) |
| 3. | Total Monetary Receipts (A+B+D) | • | | | s 4,287° |
| 4. | Candidate's Personal Contribution to Own | ı Campai | gn | | s_ |
| 5. | Monetary Loans to Candidate or Committ | tee During | g Reporting Per | riod | s_ |
| 6. | Monetary Loans Repaid During Reporting | g Period | | | \$ |
| 7. | Expenditures - Schedule E | | | | s 4,233° |

8. Unpaid Obligations - Schedule F

9. Amount on hand at the close of this reporting period. * This should equal lines (1+3+4+5)-(6+7)

Appendix C

Secretary of State

State Capitol, Ste 204 500 East Capitol Avenue Pierre, South Dakota 57501-5070 sdsos@state.sd.us



Chris Nelson
Secretary of State

Chad Heinrich Deputy

State of South Dakota

Voluntary Statement of Organization for a Political Action or Ballot Question Committee

State law does not require new political action (PAC) or ballot question committees to register with the Secretary of State. Law does however require these committees to file campaign finance reports periodically following the commencement of political activity. This voluntary registration form will give the Secretary of State the information necessary to send your committee the proper reporting forms prior to the deadline for filing.

| FULL NAME OF COMMITTEE: |
|---|
| |
| MAILING ADDRESS: |
| COMMITTEE TREASURER: |
| PHONE: |
| TYPE OF COMMITTEE (PAC or Ballot Question): If you are a ballot question committee, please also indicate the measure which you are |
| supporting or opposing. |
| Date: |
| Signature of person submitting voluntary registration |

19

www.state.sd.us/sos

Corporations (605) 773-4845 Fax (605) 773-4550